

Frequently Asked Questions Recommendation to Consolidate Surgical Services

Q#	Question	Answer
Q1	Will changes to the surgical program limit the operating room hours for individual surgeons? Is there a concern the surgeons may leave due to lack of operating room time?	<p>The review of the surgical services program was undertaken by a working group made up of the Chief of Staff, the Chief of Surgery, other physicians (surgeons, anesthesiologists, GPs, GPs) and senior staff from across the Corporation. All sites were represented through the process at the staff and physician level.</p> <p>The working group determined that consolidation of surgery would lead to an additional 6-8 elective day surgery cases per day in Owen Sound. Currently, there are approximately 40-70 surgeries run through 5-6 ORs per day in Owen Sound, and if consolidation moves forward we would run 7 ORs per day to accommodate this increase in volume. Surgeons with OR blocks in Meaford, Markdale and Southampton will be offered blocks in Owen Sound.</p>
Q2	What is the proportion of administrators to clinical staff and how does it compare to other Ontario hospitals?	GBHS has a management contingent of about 65 positions, which is about 4% of the total 1600 staff across the organization. That is lean compared to most similar sized organizations. A recent review resulted in a number of reductions in our management structure. For example, we reduced the Executive Team by one position this year by not replacing a retirement. We also just underwent a realignment of portfolios of a number of our senior staff, resulting in an reduction of additional management positions.
Q3	How many operating rooms are there at the Owen Sound hospital?	There are 9 ORs and 1 procedure room for endoscopes.
Q4	What is the equipment required for functional ORs and endoscopies vs. equipment required for elective surgeries	Currently Endoscopy is done at all GBHS sites excluding Lion's Head. Our fleet of endoscopes that support both the Owen Sound and our rural sites are relatively new - the rural fleet of scopes was purchased in 2014 and travels between Meaford, Markdale, Southampton and Wiarton. The Owen Sound fleet was purchased in 2016. There are very stringent regulations that must be followed in terms of preventative maintenance to support an Endoscopy program. At GBHS we meet all of these requirements, we have a service contract with our scope vendor and any scopes that require service are sent out for repair with loaner equipment supplied to ensure we are able to continue business as usual.
Q5	Will there be staff increases in Owen Sound to accommodate increased day surgeries? And if so where are the cost savings? Where are the rural OR staff expected to work?	An anesthesiologist and 3-4 OR staffing positions will be created at Owen Sound to accommodate this increased volume in a timely manner. Up to eight staffing positions will be affected across the rural sites, and we expect that number to be lower due to the potential for early retirements, attrition and the potential for movement to our other GBHS hospitals. The savings in this model are from staffing for the most part – a net reduction of about \$550,000 annualized. The efficiency of processes will arise from process changes in the Owen Sound OR to more efficiently utilize and manage OR blocks of time allotted to surgeons.

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Q6	If elective surgery is removed from the other hospitals, how long will the wait times be?	<p>Throughout the surgical services review process, we have been careful to ensure that we can continue to provide the best quality care with the best outcomes for patients. Wait times will not be affected by the consolidation. Owen Sound runs 5-6 Operating Rooms per day out of the nine ORs we have in Owen Sound. We will run an additional operating room on a regular basis to handle the 6-8 additional elective surgery cases per day arising from the consolidation.</p> <p>More complex (non-elective) surgeries and those requiring an admission to an inpatient bed, such as hip and knee for example, are always done in Owen Sound. Anytime a patient requires an overnight stay in hospital after surgery, they are treated in Owen Sound. The proposal we are currently considering relates to <i>elective day surgery</i> - so the patient is treated same day and released. These tend to be more minor surgeries.</p>
Q7	Is the need for oral surgery time being considered if it is not available in Southampton?	We have looked at the dental cases done in our OR in Southampton. Dentists do many of the same procedures in our hospitals that they can also offer in their dentist offices, with the exception of the more complicated cases. For these procedures that must be done in an operating room, for which there are no other options, we will have room in Owen Sound. We agree the oral surgery wait times are long.
Q8	I heard the surgical review study was conducted by a consultant - did their report specifically recommend consolidation of all surgical procedures from all sites? Was the final report from the consultant vetted through all participants - including Meaford physicians and staff?	<p>The LHIN partially funded a study of surgical services in Grey Bruce that involved all hospital corporations in the two counties. The firm of Deloitte was hired to do that work and summarized its findings and recommendations in a report that was sent to the LHIN and the boards of the participating hospitals. In that review a number of options and opportunities were explored to improve the provision of surgical services across the region, many involved relocating services between facilities in different configurations. It was agreed that GBHS had issues related to its funding that required immediate attention and that before proceeding with some of the larger county-wide systems issues GBHS would tackle its internal issues, which we have been doing. That study report was the starting point for the internal review.</p> <p>A number of physicians participated in this review, which took place over several months. This included some of the physicians from Meaford, the Chief of Surgery, the Chief of Anesthesiology, a general surgeon who is also a GBHS Board member, and our GBHS Chief of Medical Staff.</p> <p>Please keep in mind that we are only considering the re-location of elective day surgery – not endoscopy. Endoscopy procedures will continue in Meaford, which will maintain a presence of general surgeons at the Meaford Hospital. Approximately 600 mostly local residents get an endoscopy procedure done in the Meaford Hospital every year, and this will not change.</p>

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Q9	Has a study been conducted on the efficiencies and standards of care of Meaford Hospital? Have areas suggesting improvement been identified and communicated to them? And do they pertain to surgical procedures? Or to patient care throughout all departments?	There has not been a third party study of the magnitude of the Deloitte study conducted, however we have undertaken a number of reviews internally by management and staff to assess our services. We also undertook a benchmarking review of our hospitals compared to other similar hospitals to get a sense of our opportunities. That review clearly demonstrated that GBHS' hospitals benchmark well. The conclusions of that study are included in the backgrounder report available on our website.
Q10	It could be anticipated that folks from the Thornbury area would not travel to Owen Sound site for voluntary day surgeries or that clinic visits would not happen without the surgeon at the Meaford site. Has the financial impact been considered including the loss of revenue by procedures moving from the Meaford site to Collingwood?	Yes this has been factored into the staff consideration of the proposed model. Further, surgeons will be encouraged to continue with their clinics at the rural sites to offer pre and post-surgical consultations and visits closer to home where possible.